				Complete If Known						
FEE TRANSMITTAL [MAIL STOP L&R]			Application No.			10/533,135				
			Filing Date			April 29, 2005				
			First Named Inventor			entor	Rob VAN DER GIESSEN et al.			
			Examiner Name				Melenie Lee McCORMICK			
			Group Art Unit				1655			
Total Amount Of Payment (\$) 200.00			Attorney Docket No. 066511.01				066511.0111	1		
METHOD OF PAYMENT (check one)			FEE CALCULATION (continued)							
1. X The Commissioner is hereby authorized to				3. ADDITIONAL FEES						
charge indicated fees and credit any over payments to Deposit Account No. 02-0375 in the name of Baker Botts L.L.P.			Fee Description				Fee Paid			
			☐ Surcharge - late filing fee of							
Channe and additional for					Surcharge - late provisional filing fee or \$ cover sheet					
Charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account No. 02-0375 .			☐ Extension for reply with month				\$			
			□ Notice of Appeal				\$			
				☐ Filing Brief in Support of Appeal				\$		
2. Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 02-0375 in the name of Baker Botts L.L.P, The Warner, Suite 1300, 1299 Pennsylvania				Request for Oral Hearing				\$		
				☐ Utility Issue Fee (or reissue) ☐ Design Issue Fee				\$		
				☐ Plant Issue Fee				\$ \$		
									200.00	
Avenue, N.W., Washington, D.C. 20004-2400.				(37)					200.00	
, , , , , , , , , , , , , , , , , , , ,				☐ Petition to Revive (unintentional)						
FEE CALCULATION 1. Basic Filing Fee □ Large Entity ☑ Small Entity Fee Paid				☐ Petition to Revive (unintentional) \$ ☐ Petitions Related to Provisional \$ Applications						
				Submission of Information Disclosure \$ Statement						
				□ Filing Submission After Final Rejection						
Utility Filing Fee \$ Design Filing Fee \$				□ Recordation of Assignment Document \$						
				☐ Filing Request for Reexamination \$						
Plant Filing Fee \$ Reissue Filing Fee \$				Chrony, Clarky Court, and						
Provisional Filing Fee \$ Examination Fees 2. EXTRA CLAIMS FEES										
CLAIMS AS AMENDED										
		Highest Number	-		Ra		te			
For	Number Present	Paid For		Extra	Large E	ntity	Small Entity		Amount	
TOTAL CLAIMS		20		0 x \$ 50.00 x \$ 25.00		x \$ 25.00	\$0.00			
INDEPENDENT CLAIMS 3				0	x \$ 200.00		x \$ 100.00	\$0.00		
MULTIPLE DEPENDENT CLAIMS					\$ 360.	00	\$ 180.00	\$0.00		
TOTAL EXTRA CLAIMS FEES								\$0.00		
SUBMITTED BY Complete (if applica								able)		
Typed or Printed Name James B upin						Regis	stration No.		33,470	
Signature Date October 16						16, 2006 Deposit Account User ID 02-0375			02-0375	